

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
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ADP BULLETIN

Title Drug Medi-Cal Claims Adjustments Form		Issue Date: 06-11-98 Expiration Date:	Issue No. 98-30
Deputy Director Approval (signed by) GLORIA J. MERK, II Program Operations Division	Function <input type="checkbox"/> Information Management <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Service Delivery <input checked="" type="checkbox"/> Fiscal <input type="checkbox"/> Administration	Supersedes Bulletin/ADP Letter No. N/A	

PURPOSE

The purpose of this bulletin is to transmit the Provider Report of Drug/Medi-Cal (D/MC) Claims Adjustments (ADP 5035C) form. The form is for use by providers to adjust D/MC claims which were submitted incorrectly. D/MC providers may use this method to correct self-reported data entry and programmatic errors. This form replaces the Report of Drug/Medi-Cal Disallowances by Provider (ADP 5035B) form previously used to correct billing errors.

DISCUSSION

Effective July 1, 1997, changes to the Title 22 regulations implementing AB 2071 requires the Department to recover payments for the items listed in Section 51341.1(m) through a postservice, postpayment utilization review method. As such, the responsibility to impose recoupment action will be retained at the state level. However, it is recognized that providers need a mechanism which allows for billing adjustments resulting from technical billing errors and services detected which do not warrant Medi-Cal reimbursement.

Exhibit 1, Provider Report of Drug/Medi-Cal Claims Adjustments (ADP 5035C), provides the vehicle to adjust reimbursement claims that have been submitted to the Department. Detailed submission instructions are contained on the back of the form. For convenience, this form may be reproduced.

Please note that each form must contain a unique provider number in the heading area. This number is preceded by an "A-" with the first four digits being the provider code. Also in the heading, the "ECR Run Date" should only be completed if the form is being submitted in response to an Error Correction Report. Providers should complete all columns on the form including the "1584 Reference Claim I.D. Number and Line Number." Inaccurate or incomplete forms will result in delays in processing.

Providers must prepare an original (with signature) and two copies of the claim form. The original and one copy of the form is submitted to the County Fiscal Office and one copy is submitted to the ADP Fiscal Management Branch (FMB). The County Fiscal Office shall deduct the total amount of the adjustment from current claims of the provider. The ADP 5035C with original signatures must be attached to the Summary Invoice (ADP 1592) and submitted to the Department. In the event the provider does not have a current claim or if the adjustment exceeds the amount of the claim, the County should send the original ADP 5035C directly to FMB. FMB will deduct the adjustment amount from a future claims or invoice the County.

For those providers under direct contracts with ADP, original and one copy should be submitted directly to FMB.

REFERENCES

Sections 51341.1, 51490.1 and 51516.1 of Title 22, California Code of Regulations Summary Invoice (ADP 1592).

HISTORY

Prior to July 1, 1997, the Department of Alcohol and Drug Programs (ADP) implemented utilization control of D/MC services through the local level, that is, utilization review committee structure. Through this system, counties and providers had the responsibility to identify and disallow units of service resulting from erroneous billings as well as programmatic noncompliance. This was done through submission of the Report of Drug/Medi-Cal Disallowances by Provider (ADP 5035B) form. This form has been rescinded and replaced by ADP 5035C.

QUESTIONS/MAINTENANCE

For questions pertaining to completing the form or submission procedures, please contact your Fiscal Management Branch analyst at (916) 323-2043. If you have questions regarding the programmatic bases for making billing adjustments, please contact the Program Accountability Branch at (____) ____-____.

EXHIBITS

Provider Report of Drug Medi-Cal Claims Adjustments (ADP 5035C)

DISTRIBUTION

County Alcohol and Drug Program Administrators
County Fiscal Representatives
Drug/Medi-Cal Providers
Wagerman Associates, Inc.
Director's Advisory Council